

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003275

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

847

STATE FILE NUMBER

FILED JAN 31 1963

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>St. Louis</u>   |   | Length of stay in 1b<br><u>56 yrs</u>   | c. CITY OR TOWN <u>St. Louis</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Faith Hospital</u>  |   | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>4929 Valley Crest Dr.</u><br>Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Agostino</u> Middle <u>Brugnone</u> Last <u>Brugnone</u>   |   | 4. DATE OF DEATH<br>Month <u>Jan</u> Day <u>24</u> Year <u>1963</u>   |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Dec 7 1878</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Stone Mason</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Construction</u>  | 9. AGE (last birthday) <u>84</u><br>IF UNDER 1 YEAR Months Days Hours Min.<br>IF UNDER 24 HR. Months Days Hours Min.                                     |
| 11. BIRTHPLACE (City and state or country)<br><u>Italy</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME<br><u>John Brugnone</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Ann DiDomenico</u>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>Agustina</u>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>                                    |  |
| 16. SOCIAL SECURITY NO.<br><u>3</u>   |   | 17. INFORMANT<br><u>John Brugnone 115 Walnut Pacific Mo</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Pulmonary Edema</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Metastatic Carcinoma</u><br>DUE TO (c) <u>Pneumogenic Carcinoma</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Arteriosclerosis Generalized</u><br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>48 hrs</u><br><u>?</u><br><u>?</u>   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>         | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>162.1</u>  |  |
| 20c. TIME OF INJURY<br>Hour <u>5:15</u> p.m.<br>Month, Day, Year <u>Jan 28 1963</u>   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>St. Louis Missouri</u>                                       | 20f. CITY, TOWN, OR LOCATION<br><u>St. Louis Missouri</u>  |
| 21. I attended the deceased from <u>12/5/62</u> to <u>1/24/63</u> and last saw him alive on <u>1/24/63</u><br>Death occurred at <u>5:15 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |   | 22a. SIGNATURE (Degree or title)<br><u>Anthony J. Vitale MD</u>   |  |
| 22b. ADDRESS<br><u>7150 Natural Bridge</u>  |   | 22c. DATE SIGNED<br><u>1/25/63</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>Jan 28, 1963</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u>   | 23d. LOCATION (City, town, or county)<br><u>St. Louis Mo.</u>  |
| 24. FUNERAL DIRECTOR<br><u>Miceli 1150 No. Kingshighway</u>   | 25. DATE RECD. BY LOCAL REG.<br><u>JAN 26 1963</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Don Smith. M.D.</u>   |  |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

1

2400038

3

4 0

5 2

6

7 2

8 2

9

10

11

1260-0

13

60

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Harvey Kahl*

Licensed Embalmer No.

*4596*

P. O. Address

*St Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.